

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/700184

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
14		13					
15		13					
16		13					
17		13					
18							
19							
20					1		
21					1		
22					1		
23					1		
24					1		
25					1		
26					1		
27					1		
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47							
48							
49							
50							
TOTAL IND.			↓	1	↓	4	↓
TOTAL DEP.			↔	0	↔	0	↔
TOTAL CLAIMS	15	1	0	12	0	0	0

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			↔		↔	
TOTAL CLAIMS			0		0	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS